

# CALIFORNIA'S HEALTH

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## The Relationship of the Practicing Physician to the School Health Program

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Every practicing physician plays a part in the school health program whether or not he serves as a school physician. The medical services he gives to children in his private office are an integral and important aspect of the program. No program of health education in the schools can be wholly successful without the private physician's active participation and the approval and support of the local medical society.

The American Medical Association, recognizing the need for a closer relationship between the practicing physician and the schools, called a nation-wide conference in October, 1947, on the Cooperation of the Physician in the School Health and Physical Education Program. Delegates from nearly every state medical association met with representatives from state departments of health and education to explore ways in which the physician in private practice can best serve in the school health program. The conference unanimously recommended that "every local medical society set up a school health committee" to act in an advisory capacity to the schools with regard to the health program.\*

This was declared to be a necessary first step in achieving the practicing physician's cooperation and participation.

### Schools Need Assistance

The schools need and welcome assistance from local practicing physicians in planning the school health program and in developing written policies and procedures patterned to fit local needs. The physician can make this

contribution by serving on the advisory school health council.

The practicing physician renders one of his most important contributions to the school in his role of medical examiner, whether he sees the children in his private office or at the school. The medical examination gives the physician an opportunity to evaluate the pupil's health status in terms of physical and emotional growth and development, soundness of health practices and attitudes and general fitness to participate in the various school activities. Medical examinations of children performed at the school should demonstrate a high quality of medical service and be a satisfactory educational experience both to the child and his parents. An important objective is to develop an appreciation of and a desire for continued medical advice and guidance by the personal physician.

The chief purpose of medical examinations performed at the school is not to make a detailed diagnosis but rather to screen out any serious health problem which handicaps the child and, where indicated, impress upon the parent the importance of seeking further professional attention. The best place for the child to secure periodic medical examinations is in the office of his own physician who has previous knowledge of his health, has the facilities to make a thorough health appraisal and will give him continued health supervision. Experience has shown that when schools through an educational program and a definite administrative policy actively encourage pupils to obtain periodic medical examinations from their private physician, a majority of them do so.

\*An alternate plan is for the public health committee of the society to assume this function.

The exchange of health information between the school and the physician has been demonstrated to be an important factor in safeguarding the health of the individual child. It is important that teachers know the physical limitations of their pupils; the physician, by sharing his knowledge about a pupil's health can help the teachers to better understand their pupils and frequently enable them to assist in the solution of their health problems. It also permits an adaptation of the school program where this is necessary; i.e., a restricted physical activity program for a child with rheumatic heart disease. The teachers must be made thoroughly aware of the necessity for safeguarding all matters of a confidential nature. A medical examination form, approved by the local medical society, would make possible the channeling of this useful information from the doctor's office to the school.

#### Teacher Observation

In recent years teachers have been trained to observe and record noticeable deviations from normal health and behavior in their pupils. Students suspected by the teacher—on the basis of her day by day observations—of having a health problem are referred through the medical department to their private physicians for medical examination. Certain of the information and impressions gained through the teacher's daily observations is very helpful to the physician responsible for medical supervision of the child. An exchange of information about pupils' health enables both physician and school to do a better job of health supervision.

Other ways in which practicing physicians can contribute to the school health program include:

- (1) Giving medical guidance to the school's physical education program and to aid in developing uniform policies regarding excuses from physical education.
- (2) Assisting in a program of in-service education for teachers and school health service personnel.
- (3) Appraising the health content of the school curriculum in terms of factual accuracy and completeness of coverage.

Practicing physicians can make valuable contributions to the health of the community, as well as to the health of children under their private care, by taking an active part in the health program of the schools.

#### Pasadena Holds "Open House"

The Pasadena City Health Department recently held "open house" for citizens interested in seeing their health department at work.

Conducted tours, demonstrations and film showings were a part of the planned program.

#### C.D.C. to Hold Course in Lab Diagnosis of Rabies

A one-week course in the Laboratory Diagnosis of Rabies will be offered December 6 through December 10, 1948, at the laboratories of the U. S. Public Health Service's Communicable Disease Center in Atlanta, Georgia.

This training is open to all grades of employed laboratory personnel. Although first consideration will be given to the laboratories of state and local public health departments and other official agencies responsible for the diagnosis of rabies, applicants, from hospitals and private laboratories will be considered when vacancies occur. Laboratory directors and senior staff members wishing to attend the course may do so.

There is no tuition or laboratory fee but travel and living expenses must be paid for by the individual or his employer.

Applications for the courses should be made as soon as possible. They should be sent to the Communicable Disease Center, 605 Volunteer Building, Atlanta 3, Georgia. Notification of acceptance will be made in sufficient time to allow the students to make arrangements for living accommodations. It is suggested that trainees obtain reservations for living accommodations at the earliest possible date. A list of hotels and rooming houses will be sent to applicants at the time of acceptance.

#### Positions in Alameda County

Opportunities for four types of public health personnel now exist in the Alameda County Health Department.

1. Assistant Health Officer (\$580-\$719)
2. Public Health Dentist (\$550-\$681)
3. Dental Hygienist (\$264-\$324)
4. Ten Public Health Nurses (\$250-\$308)

Interested persons are asked to contact Dr. James C. Malcolm, Health Officer, Alameda County Health Department, 576 Callan Avenue, San Leandro, California.

#### Personnel Notes

After two years of service, *Eschscholtzia Lucia*, Consultant in Statistical Research and former Professor of Biometry at the University of California, is retiring from the State Department of Public Health.

Mrs. Lucia has contributed significantly to the development of the department's tumor registry and other projects of the Chronic Disease Service as well as to statistical work throughout the department.

"Good health and good sense are two of life's greatest blessings."—*Publius Syrus*

## Polio Cases Top Total of Previously "High" Year

In total numbers of cases reported, 1948 is now the year of highest incidence of poliomyelitis in California. During the first nine months of this year, 3,404 cases of the disease were reported to the State Department of Public Health. In all of 1934 — previously the

"highest" year on record—3,396 cases were reported.

A total of 44 counties have reported poliomyelitis cases this year. Of these, 39 have exceeded their five-year median (1943-47, January-September).

A complete resume of cases reported by county during each month of the year and the five-year median for each county is given below.

### POLIOMYELITIS CASES REPORTED TO CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

January-September, 1948

County*	Jan.- March	April	May	June	July	August	September	Total	5-yr. median (1943-1947) (Jan.-Sept.)
Alameda	6	-	1	1	8	15	37	68	81
Butte	-	-	-	-	3	-	3	6	2
Contra Costa	-	2	1	1	2	16	29	51	32
El Dorado	-	-	-	-	-	3	1	4	-
Fresno	-	-	2	9	13	15	24	63	14
Glenn	-	-	-	-	-	5	-	5	-
Humboldt	-	-	1	-	-	2	7	10	1
Imperial	-	-	6	19	13	5	3	46	2
Inyo	-	-	-	-	-	3	-	3	-
Kern	-	-	-	1	7	4	53	65	20
Kings	-	-	-	-	1	5	11	17	3
Los Angeles	15	4	23	108	377	583	875	1,985	355
Madera	-	-	1	2	2	1	2	8	3
Marin	2	-	4	3	3	2	14	28	7
Mariposa	-	-	-	-	-	-	1	1	-
Mendocino	-	-	-	-	-	1	3	4	2
Merced	2	-	19	11	15	4	6	57	3
Modoc	-	-	-	-	-	2	1	3	-
Monterey	-	-	-	-	1	11	12	24	3
Napa	-	-	1	-	-	-	2	3	3
Nevada	-	-	-	-	-	-	1	1	-
Orange	-	-	1	2	9	20	36	68	15
Placer	-	-	-	-	-	4	1	5	-
Riverside	1	1	4	7	5	20	7	45	8
Sacramento	-	-	-	-	5	3	22	30	12
San Bernardino	-	-	-	8	22	13	17	60	13
San Diego	2	-	2	19	97	68	77	265	19
San Francisco	5	-	3	3	26	21	42	100	38
San Joaquin	-	-	2	2	8	9	15	36	23
San Luis Obispo	-	-	-	-	1	2	1	4	4
San Mateo	-	-	-	2	6	10	25	43	9
Santa Barbara	-	-	-	1	8	17	39	65	3
Santa Clara	-	1	-	2	2	6	26	37	7
Santa Cruz	2	-	-	-	1	1	6	10	4
Siskiyou	-	-	-	-	-	2	-	2	-
Solano	4	-	-	-	2	10	9	25	12
Sonoma	-	-	-	7	3	9	-	19	5
Stanislaus	2	-	-	14	9	15	8	48	5
Sutter	-	-	-	-	-	1	1	2	3
Tulare	-	-	-	2	7	4	4	17	6
Tuolumne	-	1	-	-	-	1	2	4	-
Ventura	-	-	-	1	9	18	8	36	3
Yolo	1	-	-	-	1	3	4	9	3
Yuba	-	-	-	-	1	-	1	2	5
Not allocated†	2	-	-	1	5	3	9	20	11
Totals	44	9	71	226	672	937	1,445	3,404	

\* Only those counties reporting cases are listed.

† Cases "Not Allocated" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## 1949 Postgraduate Medical Courses Announced by U. C.

A program of postgraduate medical courses during 1949 for qualified physicians has been announced by the Medical Faculty of the University of California.

Courses and dates on which they will be given are listed below. Further information may be obtained from the Office of Medical Extension, U. C. Medical Center, San Francisco, California.

Course	Date (all 1949)
Psychiatry for General Practitioners	January 31-February 4
Cardiology	January 31-February 4
Endocrinology, Including Diabetes	June 20-24
Obstetrics and Gynecology	July 5-8
Otorhinolaryngology	September 5-9
Ophthalmology	September 12-16
Continuation Course in General Medicine	September 19-December 5
Diseases of the Chest	December 5-9



## State Board of Health Acts on Four Sanitation Problems

Four important sewage disposal problems were considered by the State Board of Public Health at its September meeting.

Problems in Santa Clara County, Los Angeles City, Orange County and the City of Modesto were reviewed and it was recommended that the State Director of Public Health take further action where violations of state law exist.

Specifically, reports made and action taken included:

### Santa Clara County

Plans and measures for the control of industrial waste, sewage and garbage disposal by the cities in Santa Clara County bordering San Francisco Bay have not been developed and presented to the State Department of Public Health as previously requested. Meanwhile, a number of gross local nuisances continue in the vicinity of sewer outfalls, cannery waste dumps and garbage disposal areas.

Following this report, the board recommended that the State Director of Public Health remind the various cities that they are discharging sewage without a permit in violation of state law and notify them that if a schedule for preparation of engineering plans, filing an application for sewage disposal permit and for constructing and financing of a satisfactory project is not presented to the department before October 1, 1948, legal proceedings would be initiated.

The board also recommended that the director advise the industries disposing of industrial waste and garbage without a license that they are in violation of state law with October 1st again to be set as the final date for cessation of this violation.

### City of Los Angeles

The cost of constructing the new sewage treatment and disposal works for the City of Los Angeles at Hyperion has exceeded original estimates and funds are not now available to the city for completion of the necessary work. The State Board of Public Health recommended that the State Director of Public Health advise the City of Los Angeles to proceed without delay with the completion of the project and to take the necessary steps for its financing.

Subsequently, the city council called a \$10,000,000 bond election for November 2d.

### Orange County

Chemical treatment being carried out at the Orange County outfall sewers has succeeded in keeping the contamination of ocean waters below the limit established by the State Board of Public Health for safe bathing waters.

As a result of this action by local authorities, it has not been necessary to place in effect the quarantine authorized by the State Board of Public Health in June. However, the condition of shore water is being periodically checked and continuous chemical treatment will be required.

### City of Modesto

Although the 1948 canning season was well advanced and nearing its peak when the State Board of Health met, industrial waste disposal facilities for the City of Modesto had not been completed or placed in operation.

Samples of water from the Tuolumne River collected below Modesto by the Bureau of Sanitary Engineering, State Department of Public Health, showed considerable oxygen depletion and at times approached septicity.

The board, therefore, recommended that the State Health Department inform the City of Modesto that unless action was taken to comply with the order of last January to "provide facilities for the treatment and disposal of industrial waste of the City of Modesto during the 1948 canning season and thereafter until a permanent plant was in operation" legal proceedings would be initiated.

Replying to this, the city has reported that there had been no attempt on their part to delay construction of the treatment facilities and there has been no attempt to pollute the waters of any river. They were anxious, the reply stated, to finish the treatment facilities just as promptly as possible and to keep the waste out of the river. The city also reported the specific action which had thus far been taken included:

1. Completion of 16,500 feet of industrial waste sewers.
2. Ninety percent completion of a pumping station.
3. Acquisition of four pumps and two garbage grinders (to be installed).

## 2,000 Dental X-rays at State Fair

Dental X-rays were taken of over 2,000 children under 12 years of age at a State Fair exhibit in Sacramento during September sponsored by the Bureau of Dental Health, State Department of Public Health, in cooperation with the California State Dental Association.

All films taken were mailed directly to parents who were advised to see their dentists for interpretation of the results and to schedule remedial work indicated as early as possible.

The exhibit marked the first time an activity of this type has been attempted at the State Fair.

### Dr. Philip K. Gilman

Dr. Philip Kingsnorth Gilman, Chief of the hospital activities of the State Department of Public Health since 1945, passed away at his home in San Anselmo, California, on September 7th.

Dr. Gilman had a long and active career in medicine and public health. He played a major part in the original planning and initiation of the state hospital survey and construction program which is now taking shape.

In 1945, Dr. Gilman was named Chief of the Bureau of Hospital Survey. In that capacity he traveled throughout the State with seemingly limitless energy.

Last year, he was made Chief of the Bureau of Hospitals, which had responsibility not only for the construction program, but also for the administering of California's hospital inspection and licensing laws.

His loss leaves a gap in the State Department of Public Health which will be difficult to fill.

A resolution passed by the State Board of Public Health on October 29th expresses part of the sentiments of all who knew and worked with him.

WHEREAS, In the death on September 7, 1948, of Dr. Philip K. Gilman, Chief of the Bureau of Hospitals, the State Department of Public Health has lost a faithful and devoted co-worker; and

WHEREAS, Doctor Gilman by his great knowledge, extensive experience and fine personal qualities has contributed to the health and welfare of the citizens of California beyond measure and often at personal sacrifice; now, therefore, be it

*Resolved*, That the California State Board of Public Health spread upon its official minutes this expression of grief in the death of Doctor Gilman; and, be it further

*Resolved*, That this resolution be conveyed to the family of Doctor Gilman with an expression of sympathy from the members of the staff of the State Department of Public Health.

Dr. Gilman was active in numerous medical organizations. He was a former president of the California Medical Association, the Pacific Coast Surgical Association and the National Council of Presidents of State Medical Societies.

He served as a Navy medical officer in both World Wars.

In 1917 he was junior medical officer aboard the Navy transport De Kalb. In the last war, with rank of captain, he served as executive officer at Oak Knoll Naval Hospital, as senior medical officer for officer procurement in San Francisco and as assistant district medical officer. Between wars he held a commission in the Naval Reserve.

Dr. Gilman first achieved national prominence in 1910 when as chief surgeon for the Southern Pacific Company here, he performed one of the first successful cancer operations in the United States.

Before joining the Stanford faculty, Dr. Gilman had been professor of surgery and dean of the Medical School of the Philippines.

While in Manila, Dr. Gilman also was chief surgeon at the Philippines General Hospital where he worked on a technique for radical removal of the thyroid gland.

He was born in Oakland and was a graduate of Stanford University and Johns Hopkins Medical School.

He is survived by his widow, Mrs. Emma Fisk Gilman, and by two sons, Dr. P. K. Gilman, Jr., of Watsonville, and John Gilman of Larkspur.

### School Health Record Forms Are Now Available

Two school health record forms developed by the California Joint Committee on School Health may now be purchased from the Tooley-Towne Company, 324 13th Street, Oakland, California.

The forms are a folder for teacher observation of pupil health and a smaller medical and nursing record card.

Prices quoted are as follows:

S. H. 1. Teacher Observation of Pupil's Health-Folder

1,000 - \$37  
500 - 19  
100 - 4

S. H. 2. Medical and Nursing Record Card

1,000 - \$15  
500 - 8  
100 - 1.75

Discounts will be given on all orders over 3,000.

The forms should be ordered directly from the address given above.

### Mobile X-ray Unit Sold to Schools— for One Dollar

Sale of a mobile chest X-ray unit to the Los Angeles City Board of Education for the token sum of \$1 has been announced by the Los Angeles County Tuberculosis and Health Association.

The mobile unit has been on loan to the schools for several months for use in X-raying teachers and other personnel.

This year the unit will be used, according to the city schools, for the chest X-raying of both personnel and high school students, enabling the Board of Education to provide a more comprehensive service without additional expense.

### Publicity Council Issues "How-To-Do-It" on Exhibits

Another "How-To-Do-It" handbook is now available from the National Publicity Council.

The latest addition to the valuable series of booklets on health education and publicity tools and techniques is "Planning Your Exhibit" by Janet Lane and Beatrice K. Tolleris.—The price: \$1.

Offering simple and constructive advice on all phases of the exhibit problem, the publication is a worthy companion piece to other Publicity Council publication on pamphlets, bulletins, annual reports, newspapers and radio.

A look at the table of contents of *Planning Your Exhibit* should give a good idea of the nature and scope of the material it deals with.

1. Face the Facts First
2. Put It down on Paper
3. Consider the Method
4. Planning a Window Display
5. Planning a Booth
6. When You Tell It with Action
7. When You Tell It with Objects
8. When You Tell It with Photographs
9. When You Combine Techniques
10. When the Audience Participates
11. For Maximum Flexibility
12. Notes on Color
13. And Statistics
14. And on Lettering
15. Materials

#### Other Publications

Other publications produced by the National Publicity Council include the following:

*Annual Reports—How to Plan and Write Them.* By Beatrice K. Tolleris. How to organize your facts, choose a theme, and project your agency's story against the community background. Writing from the readers point of view; how to use statistics; planning the format.

*Bulletins—How to Make Them More Effective.* By Catherine Emig. On making your weekly, monthly or quarterly bulletin an attractive and accurate reflection of your work; editorial guideposts; how to use illustrations; discussion of various printing methods; costs.

*How to Make a Speech and Enjoy It.* By Helen Partridge. A delightful and practical guide for the nonprofessional speaker. Directions for organizing a speech, tuning it to the audience, and for delivering it with satisfaction on both sides of the footlights.

*Pamphlets that Pull.* By Alexander Crosby. A discussion of the planning, writing and production problems inherent in the preparation of pamphlets, books and leaflets.

*Planning Your Meeting.* By Ruth Heller. A score of examples of successful meetings held by social and health agencies—speaker meetings, drama-

tizations, film showings and other features—with suggestions for promotion.

*Radio—How, When and Why to Use It.* By Beatrice K. Tolleris. This practical guide tells you when to use radio; how to select and develop your program; get station time, and build your listening audience.

*Working with Newspapers.* By Gertrude Simpson. How to write releases; how to work with reporters and newspaper photographers; what is news and why.

The address of the National Publicity Council, from which all of the publications may be ordered, is: 120 East 22d Street, New York City, N. Y.

### Monterey Plans Fluorine Treatment Program for Children

An intensive study of the application of fluorine as a possible prevention of tooth decay in children is being carried forward by the dentists of Monterey County, the local health department has announced.

Action in this field has resulted from a survey, made by the dentists at the request of the Monterey City Schools, of the teeth of children. Approximately 90 percent of the children were in need of remedial care or extractions.

"It is hoped," the Monterey County Health Department reports, "that a prevention program emphasizing treatment of young children just entering school may cut down the high incidence of tooth decay among these children."

Most authorities agree that fluorine is safe and harmless when applied by trained persons. It has been found that children respond well to such treatments, which are applied weekly over a period of four weeks.

Plans for setting up the program in Monterey County are now being formulated.

### Cancer Reports

As of October 1, 1948, 19,143 reports of cancer have been received by the State Department of Public Health from the 19 hospitals participating in the pilot-plan tumor registry.

These reports represent in part the five year backlog of cases of the participating hospitals.

### Congenital Syphilis

A total of 710 cases of congenital syphilis was reported to the State Department of Public Health during 1947. Of these, 163 were in infants under one year of age.



## Over 1 1/4 Million Dollars Expended in Mosquito Control Work

A total of \$1,281,125.71 was expended by 19 mosquito abatement agencies participating in mosquito control subvention contracts with the State Department of Public Health during the 1947-48 fiscal year.

This amount is over \$96,000 more than was expended during the previous fiscal year.

State subvention funds expended by these agencies in the fiscal year ending last June totaled \$378,823.37.

Breakdown of the figures by participating agencies is given in the accompanying table.

### FUNDS EXPENDED BY MOSQUITO ABATEMENT UNITS PARTICIPATING IN SUBVENTION CONTRACTS WITH THE STATE DEPARTMENT OF PUBLIC HEALTH—FISCAL YEAR 1947-1948

District	Area sq. mi.	District funds expended	State funds expended	Total funds expended
Alameda	445	\$86,523.44	\$8,627.97	\$95,151.41
Consolidated (Fresno Co.)	1,000	111,542.45	42,991.97	154,534.72
Corcoran (Kings and Tulare Cos.)	90	7,656.67	5,351.09	13,007.76
Delano (Kern and Tulare Cos.)	350	17,932.57	6,010.25	23,942.82
Delta (Tulare Co.)	703	55,973.51	31,500.32	87,473.83
Durham (Butte Co.)	64	5,109.03	3,326.22	8,435.25
East Side (Stanislaus Co.)	300	53,403.75	24,735.00	78,138.75
Kern	826	108,911.14	37,298.50	146,209.64
Los Angeles City <sup>a, c</sup>	430	10,921.00	2,601.19	13,522.19
Madera	650	35,200.00	32,572.92	67,772.92
Merced	1,995	113,767.75	50,000.00	163,767.75
Monterey Co. <sup>a</sup>	90	6,422.54	3,682.15	10,104.69
No. San Joaquin <sup>b</sup>	191	51,464.07	10,371.57	61,835.64
Orange	777	* 47,162.00	3,002.90	* 50,164.90
Sacramento-Yolo	1,997	45,879.19	26,415.45	72,294.64
Solano	911	25,631.05	9,731.83	35,362.88
Sutter-Yuba	500	39,460.53	37,497.10	76,957.63
Tulare	580	22,664.07	18,106.94	40,771.01
Turlock	966	56,677.28	25,000.00	81,677.28
<b>TOTALS</b>	<b>12,865</b>	<b>\$902,302.04</b>	<b>\$378,823.37</b>	<b>\$1,281,125.71</b>

<sup>a</sup> Health Department.

<sup>b</sup> Includes \$17,366 not contracted with State.

<sup>c</sup> Contract for four months only, March 1 to June 30, 1948.

\* Contract for nine months only, October 1, 1947, to June 30, 1948.

\* No statement for second quarter, expenditures estimated from budget.

## Transcribed Radio Dramas Received From U. S. P. H. S.

Eight transcribed 15-minute dramas featuring "big name" stars have been made available to the State Department of Public Health by the U. S. Public Health Service.

The transcriptions are, in turn, now available on loan to local health departments who may wish to sponsor local broadcasts.

Information concerning loan policies may be obtained from the Bureau of Health Education, State Department of Public Health, 760 Market Street, San Francisco.

Included in the dramatic series are the following programs:

**Unborn Child**, starring Margo. An expectant mother, innocent victim of VD, is treated in time. A baby enters the world with its full birthright of good health. Recommended for daytime use.

**The Secret Enemy**, starring Eddie Albert. A sketch that shows why VD is a public, not merely a private problem. Many people hold jobs on which the safety of others depend. So it was with Casey, railroad worker, innocent and unknowing victim of VD. How health authorities found him. Evening use.

**One Million People**, starring Robert St. John. Doctors estimate that a million people in the United States have syphilis without knowing it. This radio play, with a noted reporter as narrator, tells how this has come about. Evening use.

**The Telephone Call**, starring Roger Pryor. A story showing the importance of premarital blood tests, now required in most states, in protecting homes and families from the consequences of unsuspected infection. Evening use.

**The Lips of a Strange Woman**, starring Raymond Massey. A special program prepared under supervision of a committee of the Congregational Christian Churches, the Evangelical and Reformed Church, the Methodist Church, the Presbyterian U. S. A. Church, and the United Church of Canada. Shows the cooperation of ministers and doctors against the VD scourge. Evening use.

**Crossroads Ballad**, starring Tom Glazer. A ballad-style folk tale with narration sung in a popular rural idiom. Likely to be especially effective in rural and mountain areas. Evening use.

**A Story of Our Town**, starring Alice Frost. A young widow turns to school-teaching after the sudden, accidental death of her husband. Disturbed by symptoms, she begins to realize that her husband has left her with syphilis. Evening or daytime use.

**Looking For Lester**, starring Roy Acuff. A special program recorded in the capital of southern

mountain music, Nashville. With mountain tunes and "talking blues," the popular Roy Acuff tells a tragic tale. Evening use.

#### Documentaries

In addition to the dramatic programs, six transcribed 15-minute documentaries starring George Hicks are also available. This series, which is based on recorded interviews with actual patients in hospitals, includes the following programs:

**Just Starting Out.** Through the stories of several young patients, we learn the tragedy of ignorance. All patients heard on these programs were anxious to cooperate. They themselves kept saying: "If only more people knew about these things!"

**Curtain of Silence.** Through the testimony of various patients, we follow the entire course of syphilis, from the early, fleeting warnings, through the latent period during which there is no visible evidence of the disease, to the later destructive stages, which may involve heart trouble, paralysis, or insanity. We have further glimpses of the miracles of modern treatment.

**Bloodtest.** Radio reporter George Hicks describes what happens as he is given a bloodtest at the microphone. Bloodtests are now often given as a routine part of a physical examination, and this vivid documentary explains why. Further interviews with hospital patients are included in the program.

**They Never Even Suspected.** On this unique documentary we meet a paretic, a man whose brain tissue has been damaged by syphilis, so that his power of speech is affected. This man previously lived for twenty years without suspecting the infection in his system. Similar stories are told by other victims of late syphilis.

**Ghosts of Yesterday.** On this program we meet a man who was born with syphilis, but did not learn of it until he had grown to manhood. We also visit the maternity section of an up-to-date hospital, and learn how modern medicine is making it possible to wipe out the tragedy of congenital syphilis.

**We Get Along Best We Can.** How the innocent may suffer from an unsuspected infection is shown in this human documentary. In the various programs of this group, war reporter George Hicks teamed up with Frank Papp, noted producer-director of many prize-winning documentary programs. Under Frank Papp's expert direction, George Hicks' talks with patients have been edited into startling, meaningful broadcasts.

#### Other Materials

Illustrated brochures describing these and other radio materials and containing "hints" for their use may also be obtained from the Bureau of Health Education.

All of these radio broadcasts were produced by the Public Health Service in cooperation with Columbia University.

## California Morbidity Report September, 1948

### Civilian Cases

Reportable diseases	Week ending					Total cases	5-yr. median	1943-1947 Sept.
	9/4	9/11	9/18	9/25	10/2			
Amebiasis (amoebic dysentery).....	4	7	1	9	1	22		
Anthrax.....								
Botulism.....								
Chancroid.....	10	13	9	13	17	62		
Chickenpox (varicella).....	79	50	67	101	102	399	270	381
Cholera, Asiatic.....								
Coccidioid granuloma.....	2	2		5	2	11		
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum).....					1	1		
Dengue.....								
Diarrhea of the newborn.....			3			3		
Diphtheria.....	8	3	4	5	6	26	81	
Dysentery, bacillary.....	8	3	12	10	12	45		
Encephalitis, infectious.....	14	2	1	2	2	21	27	
Epidemic typhus.....	49	16	32	56	45	193		
Food poisoning.....		9	1	21	3	33		
German measles (rubella).....	21	23	14	23	24	105		
Glanders.....								
Gonococcus infection.....	479	530	590	548	531	2,678	2,391	2,600
Granuloma inguinale.....	1		3			4		
Influenza, epidemic.....	6	3	8	3	6	26	29	140
Leptospirosis.....	1	2		3	1	6		
Lymphogranuloma venereum (lymphopatia venereum, lymphogranuloma inguinale).....	3	6	7	14	5	35		
Malaria.....	2	1		1		4	19	
Measles (rubella).....	91	67	53	71	69	351	268	62,100
Meningitis, meningococcal.....	5	3	3	3	6	20	35	
Mumps (parotitis).....	159	121	170	220	205	875	561	39,311
Paratyphoid fever, A, B and C.....	3	4	5		1	13		
Plague.....								
Pneumonia, infectious.....	13	5	11	18	40	87	153	1,200
Poliomyelitis, acute anterior.....	274	212	337	310	311	1,444	188	1,400
Rabies, human.....								
Rabies, animal.....	4		1	2	5	12	22	
Relapsing fever.....		1			3	4		
Rheumatic fever.....	5	6	11	6	9	37		
Rocky Mountain spotted fever.....								
Scarlet fever.....	23	13	37	37	44	154	318	2,000
Streptococcal sore throat.....	3	4	3	5	7	22		
Smallpox (variola).....							0	
Syphilis.....	265	326	355	359	259	1,564	1,985	3,000
Tetanus.....	1	2	1	1	3	8		
Trachoma.....	1				1	2		
Trichinosis.....								
Tuberculosis, pulmonary.....	205	139	139	180	178	807	620	6,000
Tuberculosis, other forms.....	6	6	9	8	13	42	43	
Tularia.....				2		2		
Typhoid fever.....			5	6	5	16	18	
Typhus fever.....				2	1	3		
Undulant fever (brucellosis).....	3	1	9	5	3	20	23	
Whooping cough (pertussis).....	45	32	42	76	47	242	502	1,000
Yellow fever.....								
Spirochetal jaundice.....					1	1		
						9,457		199,300

"The first duty of a statesman is to preserve the public health."—Gladstone

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